

# Humanitarian aid beyond “bare survival”:

## Social movement responses to xenophobic violence in South Africa

### ABSTRACT

In this article, I investigate responses to the humanitarian crisis that emerged following the May 2008 xenophobic violence against South African nonnationals that resulted in 62 deaths and the displacement of well over 30,000 people. I focus specifically on how a South African AIDS activist movement, the Treatment Action Campaign (TAC) and its partners, Médecins Sans Frontières (MSF—Doctors Without Borders) and the AIDS Law Project (ALP), translated a particular style and strategy of AIDS activism into legal, medical, humanitarian, and political responses to the massive population displacement. The TAC provided relief to displaced people in the form of basic needs, such as food, clothes, and blankets, as well as legal aid, and it engaged in activism that promoted the rights of the refugees. I investigate how the ideas and practices of global agencies such as the United Nations High Commission for Refugees (UNHCR) were deployed and reinterpreted by TAC activists. I also examine how TAC activists involved in assisting the refugees drew on a global humanitarian assemblage of categories, legal definitions, norms and standards, and procedures and technologies that went beyond the simple management of “bare life.” TAC’s shift from fighting for antiretroviral drugs (ARVs) to fighting for refugees’ rights reveals a “politics of life” that spans multiple issues, networks, and constituencies. It is also a politics that, at times, strategically deploys standardized bureaucratic logics and biopolitical techniques of humanitarian aid. [*humanitarianism, social movements, refugees, xenophobic violence, politics, bare life, South Africa*]

The insistence that humanitarianism is “neutral” and separate from politics, means that humanitarians can only grasp human life as bare life. By excluding the political, humanitarianism reproduces the isolation of bare life and hence the basis of sovereignty itself.

—Mark Nuffield, *Carry On Killing: Global Governance, Humanitarianism and Terror*

The violence against foreigners that erupted in the townships of Johannesburg, Cape Town, and other South African cities in May and June 2008 caught many in the media and government by surprise.<sup>1</sup> Yet, for NGOs and researchers working closely with refugees and migrants in South Africa, this violent outburst was waiting to happen. There were numerous signs that xenophobic violence and intolerance toward foreigners was escalating. In many cases, South African citizens from ethnic minorities, in particular, Tsonga speakers (Shangaan), were also attacked in the belief that they were from Mozambique. Gruesome images on national television of “foreigners” in townships surrounding Johannesburg who were burned alive by groups of people armed with machetes and knives brought home the extent of the violence. As these images and reports of violence circulated through radio, the press, and television, copycat violence spread throughout the country. In Cape Town, some 20,000 foreigners fled their homes in anticipation of such violence spreading to the city’s townships. Thousands found refuge on the streets, outside police stations, and in churches, mosques, and community halls. Responding to the crisis, the government established refugee camps at the various “hot spots” in Cape Town and Johannesburg. In the weeks following the initial violent outbreak, 1,430 alleged perpetrators were arrested. Yet, more than a year later, only a handful had been prosecuted, and NGOs and human rights organizations were still calling for an official inquiry into the causes of the violence.

During the second half of May 2008, and persisting through the month of June, violence against foreigners resulted in 62 deaths and the displacement of an estimated 35,000 people. The state's immediate response was to deploy security forces in the affected townships and to establish "refugee camps" for displaced foreigners. Thousands of foreign nationals responded by either fleeing their homes, mostly in black African townships and informal settlements, and resettling in refugee camps or returning to their countries of origin, as was the case with thousands of nationals from Mozambique. These unprecedented events triggered national debates about the causes of the violence, and NGO, government, and university-based researchers produced numerous studies and reports attempting to identify the reasons for it. Meanwhile citizens, NGOs, and religious and civic organizations responded by providing food, clothes, and shelter to the refugees.

In this article, I examine the response of an AIDS activist organization, the Treatment Action Campaign (TAC), to the violence and displacement. The TAC—along with its partner organizations, Médecins Sans Frontières (MSF—Doctors Without Borders) and the AIDS Law Project (ALP)<sup>2</sup>—played a central role in the humanitarian response in Cape Town, and its offices became operational centers for the collection and distribution of food, clothes, and medicines. These offices were also used for meetings and workshops (e.g., on refugee law) with an emerging refugee leadership. The TAC and the ALP also used the courts to fight for the rights of the refugees, both in the camps and in terms of their interactions with immigration officials and police. The TAC and its partners, along with other NGOs and civic and religious organizations, played a key role in lobbying and pressuring the United Nations High Commission for Refugees (UNHCR) and the South African government to respond to the plight of the refugees. Although a year after the violence, nonnationals continued to be vulnerable to xenophobic violence, arrest, and deportation, the responses of civil society organizations contributed toward creating greater public and government awareness of the rights, needs, and daily conditions of this population. Through the media and their involvement in the humanitarian response, ordinary South Africans were exposed, for the first time, to the realities of refugee camps and the harsh living conditions experienced by refugees.

I investigate these social-movement developments to engage with current anthropological critiques of humanitarian aid (Fassin 2007a; Pandolfi 2008; Redfield 2007; Ticktin 2006). In particular, I explore how such interventions can become vehicles for local, national, and global struggles for human rights and the politicization of humanitarian concerns with "basic survival." Although the TAC activists involved in assisting the refugees drew on a global assemblage of categories, legal definitions, norms and standards, and procedures and technologies associated

with humanitarian aid, they were also concerned with matters that exceeded the management of "bare life." In other words, notwithstanding this intimate engagement with the "humanitarian industry," the TAC and its partners also engaged with a range of social and political issues that went well beyond the "basic needs" and the mere biological survival of refugees and displaced peoples.

I focus on how the TAC and its partner organizations translated a particular style and strategy of AIDS activism into legal, medical, humanitarian, and political responses to the displacement of tens of thousands of nonnationals. AIDS activists who were previously primarily concerned with disease and treatment issues became centrally involved in the defense of immigrants who were discriminated against, persecuted, and exposed to the xenophobic violence that gripped South Africa in 2008. This involvement in refugee rights took place at a time when the TAC leadership was also busy launching the Social Justice Coalition (SJC), a Western Cape community-based organization committed to addressing a broad range of issues that affect poor communities, including housing, education, substance abuse, crime and security, and so on. TAC activists had already accumulated considerable experience in responding to everyday sexual violence in poor communities, especially violence against women, HIV-positive people, and gay and lesbian activists. After having focused for a decade on addressing a single disease (HIV), the TAC leadership became increasingly involved in a much broader political project aimed at addressing the daily conditions of poor people's lives. This shift to addressing everyday structural violence, poverty, and basic survival reflected the TAC's increasing engagement with a wider "politics of life" (Farmer 2003; Fassin 2007a). It also accounts for the TAC's response to the May 2008 violence against foreigners.

### Anthropologizing humanitarianism

Members of the various country offices of the international humanitarian organization MSF routinely debate the ethical conundrums and tradeoffs of short-term biomedical responses to humanitarian crises that emphasize "basic needs" for human survival rather than more long-term involvement in broader social, economic, and political issues (Fassin 2007a; Redfield 2005, 2006). Similar debates took place when MSF had to decide how it was going to respond to the global HIV/AIDS crisis. Would MSF simply provide short-term, vertical antiretroviral (ARV) treatment programs, or would the organization become involved in more long-term, sustainable, integrated, and "holistic" public health responses to the pandemic? It would seem from these debates that the nature of humanitarian crises calls for "basic needs" medical interventions and the provision of shelter and food relief, what the anthropologist Peter Redfield (2006) has described as a form of "minimalist

biopolitics.” Redfield suggests that, rather than addressing more systemic conditions and social and political needs, humanitarian organizations such as MSF, although acutely aware of the politics at stake, find themselves in situations in which they have little choice but to restrict their interventions to the provision of “basic needs” and the preservation of “bare life.” In other words, notwithstanding MSF’s critical reflection on the political limits and possibilities of its humanitarian interventions, the organization often ends up being primarily concerned with matters of biological survival.

Literature on the anthropology of humanitarianism has grown in recent years. In particular, scholars have drawn on Michel Foucault’s and Giorgio Agamben’s writings on biopolitics to critique humanitarian interventions. For example, in his work on MSF, Redfield refers to situations of life and death in which humanitarian organizations are forced to respond in terms of a minimalist biopolitics of survival. Drawing on the insights of Agamben and Hannah Arendt, Redfield identifies “an inherent tension within the value of ‘life’ that humanitarians seek to defend, between the maintenance of physical existence, on the one hand, and the defense of human dignity, on the other hand” (2005:330). Redfield (2007:1) describes this minimalist biopolitics as a form of welfare that is primarily concerned with physical survival rather than social fulfillment.

In developing his notion of “biopolitical minimalism,” Redfield (2007) draws attention to MSF’s development of the humanitarian “kit,” which he describes as a mobile repository of potentially useful implements required to facilitate the emergency responses of medical humanitarianism. He shows how MSF has transformed itself into a professional organization with exceptional logistical capabilities and equipment that includes fleets of “Land Cruisers, pre-assembled kits to control an outbreak of cholera, satellite uplinks, and generator-driven refrigerators that can deliver vaccines to any corner of the world” (Redfield 2005:334). Its human resources capacity includes 2,000 volunteer physicians, surgeons, nurses, logistics experts, and engineers, as well as 15,000 locally hired staff spread over more than 80 countries (Redfield 2005:334). Clearly, the TAC’s handful core of full-time activists and fluctuating cadre of volunteer activists cannot be compared with MSF’s considerable organizational and technical capabilities, which are made possible by its annual income of over 360 million euros. Yet, in many respects, the TAC’s decade-long partnership with MSF–Belgium in lobbying for and implementing AIDS treatment programs in South Africa resulted in the cross-fertilization of ideas and practices between the two organizations.

For MSF–Belgium, engagement with the TAC in the course of highly politicized local, national, and global struggles for ARV treatment substantially challenged MSF’s official position of “political neutrality.” In turn, during the

course of a decade of partnership, the TAC absorbed MSF’s professionalizing medical discourses. This was evident in its recognition of the strategic value of systematically researching the “facts” to make credible moral claims on governments, the private sector, and humanitarian agencies. This approach was visible when, a month after the TAC became involved in the refugee crisis, it deployed an analytical epidemiologist and public health systems expert to train 15 volunteers to collect data as part of social and health assessments undertaken in the various refugee camps in the Western Cape.

Redfield (2007) has observed that even though organizations such as MSF have ambitions that extend beyond “bare life” and “basic needs,” their actual practice often ends up foregrounding biological survival rather than broader political and economic concerns.<sup>3</sup> Miriam Ticktin (2006:33) describes a similar process in her account of the changing role of humanitarianism and immigration law in France. She shows how changes in the law have contributed to a situation whereby undocumented immigrants, or *sans papiers* (lit. those without papers), turn to physical injury or infection, including HIV self-infection, to claim basic human rights. For Ticktin, this “new politics of compassion” contributes toward a limited and impoverished idea of the human, whereby “once one is affirmed as part of humanity and protected by humanitarian clauses [e.g., France’s illness clause], one loses one’s political and social rights” (2006:44). Similarly, unemployed and poverty-stricken South Africans deploy the scientific language of CD4 counts and viral loads to gain access to government disability grants provided to HIV-positive citizens with CD4 counts below 200 (Robins 2008). There are also anecdotal reports of desperate South African citizens consciously infecting themselves, or threatening to stop treatment, to gain access to the R780 per month disability grants. These are examples of the ways in which relationships between citizens and the state are being redefined through life and death struggles over biological citizenship and access to health care and social welfare (Nguyen 2005; Petryna 2002; Rose and Novas 2005).

Both Ticktin and Redfield provide compelling analyses of the ways in which, under certain conditions, the actual techniques and practice of humanitarianism can end up contributing toward a politics of basic survival that impoverishes people’s political and social fulfillment and rights. From this perspective, the refugee camp becomes a space of minimalist biopolitics that is overdetermined by biomedical and humanitarian techniques and the basic needs of shelter, clean water, food, sanitation, and so on. I argue that the TAC’s response to the refugee crisis of May 2008 provides important insights in these processes of minimalist biopolitics. The TAC case also questions the sweeping claims that the global “humanitarian apparatus” constitutes a seamless, coherent, and all-encompassing conduit for individualizing and depoliticizing neoliberal discourses and

biopolitical technologies (Pandolfi 2008). For instance, Mariella Pandolfi describes “the humanitarian apparatus” as a form of management that follows the logic of biopolitical technology by reducing the subjective trajectories of individuals to bodies. As she puts it, “displaced, and localized bodies come to be classified and defined as refugees, legal or illegal immigrants, or traumatized victims according to the diagnostic categories of humanitarian management” (Pandolfi 2003:374). In contrast to these accounts of humanitarianism as an “antipolitics,” I argue that, by strategically deploying both human rights rhetorics and conventional humanitarian technologies, TAC activists were able to create the conditions for the emergence of new forms of political agency and subjectivity. The TAC’s particular modes of legal, medical, and social activism drew on a human rights and humanitarian politics that was deeply embedded in both the antiapartheid struggle and the extraordinary successes of AIDS activism in postapartheid South Africa (Fassin 2007b; Friedman and Mottiar 2004; Natrass 2007; Robins 2004). Before discussing the TAC’s responses to the humanitarian crisis, I examine the complex ways in which the “refugee problem” in South Africa was conceptualized and represented by the South African government, the UNHCR, and some of the civil society actors involved.

### Framing “xenophobic” violence and the refugee problem

Soon after the violence erupted in mid-May 2008, there was a proliferation of media, policy, and academic commentary on what was widely referred to as “xenophobia” and the “refugee crisis.” These accounts mirrored profound uncertainties, anxieties, and contestations over how to make sense of the waves of violence against foreigners and the crisis produced by population displacement. They also conveyed uncertainty about how to define the target population for aid purposes; for instance, were they refugees, asylum seekers, undocumented persons, or internally displaced persons (IDPs), and what were the legal, social, and political implications of using particular words and categories? These discourses, definitions, and representations of “the problem” included uncertainty about whether to use terms such as *refugee camps*, *safety centers*, or *temporary shelters*. It soon became quite clear that the state’s choice of the term *temporary shelter* was directly linked to its determination to close down the refugee camps and push ahead with the “reintegration” of the victims of violence into the communities from which they had fled.

By the end of 2008, the government had, indeed, managed to close down all the camps, and those displaced during the violence earlier that year had either moved back into their previous homes, found new places to stay, voluntarily returned to their countries of origin, or been deported.<sup>4</sup> Soon after the levels of violence petered out, toward the end



Figure 1. Ahmed Mohammed Ahmed: Nationality Somali. All photos courtesy of David Lurie.

of June 2008, it was business as usual for government officials, who sought to distinguish between legal and illegal nonnationals, with “illegals” once again being subject to deportation. However, by mid-2009, partly in response to the establishment of the unity government in Zimbabwe, the South African government introduced legislation that provided Zimbabweans with access to a special 90-day permit that allowed them to live and work in the country.

In the midst of all the legal, conceptual, and terminological uncertainty following the outbreak of violence in May 2008, journalists, academics, political analysts, civil society actors, and state officials had struggled to identify the causes and motivations for the violence: Were the perpetrators acting as “unruly mobs,” “criminals,”<sup>5</sup> or “Third Force



Figure 2. Somali refugee family. Blue Waters C Refugee Camp.

agents,”<sup>6</sup> or were they simply ordinary citizens whose daily conditions of grinding poverty and unemployment, exacerbated by rising petrol and food prices, had fueled popular resentment against “strangers” living in their midst? For some observers, this violence was a long time coming, as township residents were living in a socioeconomic pressure cooker. Most media, NGO, and academic commentators agreed that the violence was the product of a combination of structural and contextual factors. They included the state’s criminalization of “illegal” foreigners through arrests, detentions, and deportations; widespread xenophobic attitudes and resentment toward foreigners in poor communities; growing poverty and inequality; the lack of integration of nonnationals into local communities; widespread criminality; poor service delivery; increased migration streams of foreign African nationals, especially as a result of the Zimbabwe crisis; and the failure of the state to adequately police its borders and develop a coherent immigration policy (Bekker 2009; Hassim et al. 2008; Human Sciences Research Council [HSRC] 2008; Neocosmos 2006; Pillay 2009; Sharp 2008; South African Migration Project 2008).

With the subsiding of the xenophobic violence by the end of June 2008 and closure of the camps toward the end of the year, the concerns of nonnationals no longer preoccupied ordinary citizens, and the media dramatically reduced its reporting on foreigners and xenophobic violence. Periodically, newspapers reported on the escalating murders of foreigners, especially Somali shopkeepers, in the townships.<sup>7</sup> As crisis fatigue kicked in among the media, donors, and civil society, the South African government appears to have shifted the public discourse from humanitarian and human rights concerns to questions of technical-bureaucratic administration that sought to distinguish between the legal versus illegal status of nonnationals. During this period, the South African public seems to have been, once again, lulled into deep sleep and political indifference, and the state’s framing of the refugee problem in international immigration law terms shifted the political discourse away from compassionate concern about displaced victims of xenophobic violence. It was within this context that the TAC and its partners sought to politicize refugee matters.

Soon after the violence erupted in May 2008, refugees, with the support of activists and human rights organizations, began to assert themselves through press statements and protests that challenged the government, camp management, and UNHCR for failing to adequately protect or provide for them in terms of internationally recognized standards. With the increasing levels of political organization and assertiveness of the refugee leadership and their NGO allies, the status of the refugees began to shift even further in official state discourse. Initially seen as innocent victims of xenophobia, they were increasingly represented by government officials as illegal, criminal, troublesome, un-



Figure 3. Shoes outside Somali tent. Blue Waters C Refugee Camp.

grateful, and undeserving. By the end of 2008, the refugee problem had been translated by the state into an immigration problem to be sorted out by the Department of Home Affairs (DHA).

This framing of the refugee problem in narrowly legal, bureaucratic, and technical terms was achieved through registration and immigration status assessment procedures. The TAC and ALP responded by organizing immigration law workshops for the refugee leadership to empower refugees in their interactions with state officials. These organizations sought to create the conditions for the emergence of a politicized, knowledgeable, and articulate refugee leadership. However, it was precisely these processes of refugee empowerment that appeared to contribute to official counterdiscourses that labeled refugees and their allies “troublemakers.”<sup>8</sup>

This perception of a state-driven process of recriminalization of refugees was strengthened when the DHA began rejecting the vast majority of applications from refugees for asylum (*Cape Times* 2008). Refugee leaders and spokespersons interpreted this move as another act of betrayal and callous disregard for the predicament of victims of xenophobic violence. Anger was especially pronounced when Somalis, Zimbabweans, and refugees from the eastern part of the Democratic Republic of Congo (DRC) began receiving rejection letters from the DHA that instructed them to return to their home countries. The letters stated that the foreigners could appeal the decisions or face deportation within 30 days. Yet many places in Somalia and the eastern DRC were far from safe. Although the UNHCR and the government categorically stated that they were not repatriating people to dangerous places of civil war and political violence, perceptions of callous disregard for the lives of refugees were hard to dispel among the refugees and their NGO allies. With the looming threat of deportation and the



Figure 4. Yves Bonyeme (DRC) and Prosper Tafa (Zimbabwe). Blue Waters B Refugee Camp.



Figure 5. Somali sisters. Blue Waters C Refugee Camp.

imminent closure of refugee camps in the Western Cape and Gauteng provinces, refugee leaders and their NGO allies expressed outrage at the South African government's apparent refusal to legalize the refugees' immigration status. For refugees and their allies, it was inconceivable that nonnationals who, only a few months earlier, the government had considered to be innocent victims of xenophobic violence were so quickly recategorized as illegal immigrants who had to be deported with such unseemly haste.

The TAC and ALP responded by intensifying their advocacy for the human rights of all refugees who fled the xenophobic violence of May 2008; they consciously chose not to distinguish between political and economic refugees, asylum seekers, internally displaced people, and undocumented persons. By contrast, the South African government and UNHCR adopted a narrowly circumscribed definition that distinguished the category of "political refugee" from those of "economic refugee," "IDP," and "undocumented person." In terms of the bureaucratic screening procedures, only a person with a well-founded fear of being persecuted on the grounds of race, tribe, religion, nationality, or political opinion qualified for refugee status. Only those who could provide concrete evidence that they would be targets of persecution and violence in their home countries could qualify for asylum. If there was a hint that applicants were in South Africa for economic reasons, their applications were automatically rejected and they became illegal immigrants subject to deportation. As a result of these strictures, the vast majority of applications for asylum were rejected. So, although the humanitarian programs in the camps provided an opportunity for organizations such as TAC, MSF, and ALP to mobilize refugees, once the camps closed, the state was able to translate the refugee problem into a bu-

reaucratic and technical problem of assessing and acting on the immigration status of nonnationals. In this process, the image of the pure victim of xenophobic violence had morphed into the figure of the illegal alien. The following section focuses on the technical and political responses of the TAC to these processes of recriminalization, as well as on the alleged failures of the state and the UNHCR to adequately address the refugee crisis.

### From ARVs to refugees: The Treatment Action Campaign (TAC)

When the violence against South African nonnationals that had erupted in Gauteng on May 11, 2008, spread to Cape Town 11 days later, an estimated 20,000 people were displaced from their homes and businesses in the townships of the Western Cape Province. The provincial government declared a state of emergency and established refugee camps in various parts of the province. In August 2008, barely three months after the outbreak of the violence, I attended a mass meeting against xenophobia at St. George's Cathedral in downtown Cape Town. The meeting was convened by the SJC, a newly formed umbrella organization consisting of civil society groupings in the Western Cape Province. The SJC was initiated by Abdurrazack "Zackie" Achmat, the internationally known AIDS activist and founder of the TAC. This particular SJC meeting was called in solidarity with Zimbabwean refugees, citizens, and human rights organizations fighting for democracy in Zimbabwe. The speakers included the vice president of Zimbabwe's opposition party, Movement for Democratic Change (MDC), and Tony Ehrenreich, a leader of the Congress of South African Trade Unions (COSATU) in the Western Cape. The cathedral was packed to capacity with South African AIDS activists, citizens, and large numbers of Zimbabweans. The first speaker

was a young Zimbabwean woman, who spoke of the traumatic experiences of thousands of Zimbabwean refugees and displaced people who had fled the xenophobic violence of May 2008. What was extraordinary about this meeting was that it brought together a diverse array of people and organizations concerned with a wide range of issues, including HIV/AIDS, human rights, gay and lesbian concerns, and refugee rights. The event also provided a glimpse into a new form of activism in South Africa, namely, a brand of humanitarian activism that went well beyond the bureaucratic management of “bare life” and biological survival that has come to characterize humanitarian interventions (Redfield 2007; Ticktin 2006). It became clear at the meeting that the SJC was primarily concerned with matters of human rights, dignity, and safety and security for poor people living in townships under conditions of everyday structural violence.

On October 8, 2008, I attended another SJC meeting in Salt River, Cape Town, at which Fatima Hassan, the ALP’s senior advocate, called on South Africans to join the fight for the rights of all those who are discriminated against: refugees, gays and lesbians, the poor, people living with HIV, women, and so on. Hassan highlighted the central role of the Constitution in protecting the rights of marginalized groups and stressed that rights belonged to “everyone living in SA, and all people in South Africa, not just to citizens.” The following quote from Hassan’s speech at the SJC meeting reveals the central role of the rhetoric of human rights and the Constitution in the SJC’s political discourse:

Now many people believe that the SA Constitution is a great visionary document and they are right. Many people also believe that the SA Constitution is only for and about South Africans. They are wrong. Our Constitution actually respects, and promotes the rights of all people who live in this country. Often government officials forget this. . . . They forget that the right to access health, housing, shelter, protection, education is a right for “everyone” living in SA, and “all people” in South Africa. . . . They forget that *human beings are human beings irrespective of their country of birth*. Some people in our communities forget this too.

The thrust of this speech can be read in relation to Arendt’s (1951) pessimistic conclusion that, when it comes to stateless, undocumented, and displaced people, human rights talk is merely “hopeless idealism.” In her SJC speech, Hassan argued that the Constitution mandated that the state fulfil its responsibilities to all who lived in South Africa, not merely its own citizens, and she asserted that the SJC and ordinary citizens ought to ensure that the state met its obligations:

There are very few provisions in the Bill of Rights that mention the word “citizen”—all the other sections on political rights, on socio-economic rights refer to “ev-

eryone” or “every person” or “every child.” The “citizen” provisions deal with political rights (the right to vote), citizenship (passport), and freedom of trade, occupation and profession (sections 19, 20 and 22). So yes, *when we adopted this Constitution we agreed that everyone would have human rights not just South Africans*, that every person would have socio-economic rights not just the rich and fortunate or those who are citizens. We agreed that everyone is equal, equal before the law, and will be protected against unfair discrimination. Yes, we agreed when we fought for liberation that everyone is equal—that *Africans too are human beings*.

Drawing on the South African and international AIDS activist experience, the ALP and the TAC appeared to be acutely aware that recourse to “rights talk” and the Constitution were rendered ineffectual without legal and political activism and grassroots mobilization and pressure. This understanding of the complex, and potentially complementary, relationship between law and politics had motivated the ALP and TAC’s strategies of litigation and political mobilization, which had been directed against both the state and the global pharmaceutical industry in the course of successful struggles for AIDS treatment in South Africa (Robins 2004). It also influenced the decision taken in July 2008 by these organizations to institute legal proceedings against the city of Cape Town and the provincial government for failing to comply with internationally accepted norms and standards for refugee camps. The ALP’s and TAC’s experiences in AIDS activism had taught them the strategic importance of engaging in a politics of pressuring, blaming, and shaming governments and international agencies. Drawing on this “moral politics” of human rights and humanitarianism, the ALP and TAC sought to support refugees by applying legal and moral pressure simultaneously at the international, national, and local levels. This strategy also influenced the organizations’ decision to submit a hard-hitting report to the UNHCR’s Geneva headquarters detailing the alleged shortcomings of the UNHCR’s South African response to the refugee crisis (see below).

This moral politics of human rights was abundantly evident at the SJC mass meeting in Salt River, Cape Town, on October 8. In her speech to the crowded hall of township activists, Fatima Hassan quoted from the statement of a refugee she called “Amisi,” which testified to the daily suffering of displaced people and the failure of the state and the UN to improve living conditions in the refugee camps in Cape Town. This testimony was one of many collected by the ALP and TAC. These testimonies, which highlighted the refugees’ grievances about the role and response of the UNHCR, were couriered to the agency’s Geneva headquarters. The ALP and TAC report, and the mediated voices of refugees such as Amisi, contributed to the decision by the UNHCR to initiate an investigation into the response of its

South African office to the refugee crisis of May 2008. Hassan concluded her speech with the following questions:

Now what do I tell Amisi? Do I read Section 9 on “equality” from the Constitution and tell her “do not worry—you are equal”? Do I tell her about her rights under the Refugee Act and Immigration Act and OAU and Refugee Conventions and other pieces of international law we have ratified? Do I tell her that South Africans have too many other problems and she should just leave us alone?

It is clear from the TAC’s response to the refugee crisis that it did not regard humanitarian aid as a purely technical, bureaucratic, and apolitical intervention, or what Redfield (2005) describes as a form of “biopolitical minimalism.” Instead, like its partners MSF and ALP, the TAC transformed human rights talk and humanitarian action into claims of “moral truth” in pursuit of political values and ethical ends. Although the TAC drew on medical expertise, epidemiological methods, and techniques of data gathering to provide scientific evidence of the failure of the government and UNHCR to adequately address refugee needs, this effort constituted what Redfield refers to as the production of “motivated truth . . . an overtly motivated form of scientific research, finding facts in the name of values, in the pursuit of both technical and ethical ends” (2006:3). These motivated truths contributed toward the production of highly contested sites of political activism and rights claiming. In other words, the TAC’s engagement with the refugee problem reflected a tactical deployment of international biomedical and humanitarian categories, techniques, and technologies.

This emergent refugee politics was also linked to a wider politics of the SJC. It was significant that an AIDS activist, a refugee leader, and the leader of a gay and lesbian organization also spoke at the SJC meeting in Salt River at which Fatima Hassan discussed Amisi’s predicament. This strategic choice of speakers revealed the SJC’s commitment to forging connections and networks across diverse organizations, interest groups, and issues. The refugee crisis of May 2008 had created the conditions for the SJC to extend and elaborate on the political style and strategies of the TAC beyond the confines of AIDS activism. Questions of violence against refugees, women, children, gays and lesbians, and ordinary citizens took center stage in this new social movement in the making.

Mahammud Mahamed Hirsi, a highly articulate Somali refugee leader who worked closely with the ALP and TAC, embodied this new multi-issue community-based politics. Mahammud spoke of his personal experiences of the impact of the violence against foreigners in South Africa and of how refugees without the necessary papers were discriminated against in everyday life, for instance, prevented from

opening bank accounts, accessing health services and education, and so on. During question time, a young woman asked whether human rights claims were not rendered ineffectual when made by displaced nonnationals, because such rights depended on citizenship within the nation state. Mahammud’s immediate response was, “We are all Africans,” and Fatima Hassan pointed out that the South African Constitution only mentioned citizenship in relation to voting rights and political representation. Responding to the same question, Zackie Achmat, the founder of both the TAC and SJC, argued that citizenship ought to imply that all human beings had equal rights, and that the Freedom Charter, the founding document of the African National Congress (ANC) struggle for democracy in South Africa, spoke of the rights of all those who lived in South Africa, including those without national citizenship. What seemed clear at this meeting was that a new politicized discourse on citizenship was emerging in the aftermath of the violence perpetrated against foreigners only a few months earlier. At the same time that they promoted ideas relating to “transnational” citizenship and human rights, the TAC and ALP were producing technical documents on norms and standards for refugee camps to legally challenge the South African government and the UNHCR for their inadequate humanitarian responses to the plight of the refugees.

### TAC and technopolitical humanitarianism

Almost immediately after the violence spread to Cape Town, the TAC and ALP offices became the nerve center for the Western Cape civil society response to what came to be seen as a “refugee crisis.” The offices were flooded with volunteers clad in T-shirts bearing the words *HIV-positive* and *Foreigner*. Some volunteers sorted out and distributed piles of donated food, clothes, and blankets as part of a massive relief operation. Others were delegated the tasks of helping the refugees get to shelters in churches, mosques, and community centers throughout Cape Town. Two floors of a downtown Cape Town office building and a warehouse were taken over by teams of TAC volunteers in this massive civil society relief operation. After a few days, the TAC and ALP had established a logistics operations center. Teams of TAC volunteers were dispatched to conduct health and social assessments at various refugee camps and “safety centers” spread across the Western Cape.<sup>9</sup>

A few weeks later, the TAC and ALP were busy collecting affidavits and preparing legal documents to pressure the local and provincial governments to respond to the needs of almost 5,000 displaced people who remained in refugee camps and safety centers. ALP and TAC lawyers scanned UN documents, searching for legislation, regulations, and norms and standards governing refugee camps, and legal





Figure 6. Artist-refugee from Zimbabwe. Blue Waters C Refugee Camp.

papers were served on local and provincial governments for not responding adequately to the rapidly deteriorating conditions in local camps. Meanwhile, teams of TAC volunteers collected and collated “the facts on the ground” to obtain accurate evidence that government was not meeting international norms and standards for the running of refugee camps.

Alongside this process of collecting statistical data about shelter, food, sanitation, blankets, mattresses, lighting, security, and health conditions in the camps, the TAC and its partners applied concerted moral and political pressure on the government through the media, parliamentary submissions, litigation, sit-ins, and marches. Refugee leaders also began to articulate their grievances and anger at governmental failure and inaction at highly charged weekly meetings and media briefings held at the TAC and ALP offices. Bringing to bear a decade of AIDS activist experience, the TAC and ALP had, in a matter of a couple of weeks, contributed toward establishing a vocal refugee pressure group to lobby and advocate for better conditions in the camps and for the rights of refugees.

#### *Seeing like a social movement*

The TAC is one of the most visible new social movements to emerge after apartheid. Although the COSATU, the main trade union movement, is by far the largest social movement in South Africa, the TAC has generated considerable national and international interest because of its innovative tactics and campaigns. It has not only recast the political and legal environment in South Africa through its campaigns to ensure access to ARV treatment in the public sector but it has also changed the social landscape of many communities and improved the personal lives of its many members and supporters.

The TAC was established on December 10, 1998, in Cape Town to demand medical treatment for people living with the virus that causes AIDS. Its membership has grown dramatically in the decade since it was established. Its rank-and-file members are mainly young urban Africans, mostly female, unemployed, and with secondary schooling. However, the organization has also managed to attract middle-class health professionals, journalists, academics, and university students as well as garnering support from a large number of civil society organizations. Drawing on the political culture and mobilization strategies of antiapartheid movements such as the United Democratic Front (UDF), the TAC has been extremely successful in mobilizing support across racial, ethnic, and class lines.

When the TAC was founded, anti-AIDS drugs were generally assumed to be beyond the reach of developing countries, condemning 90 percent of the world’s HIV-positive population to a painful and inevitable death. In 2004, following concerted pressure from AIDS activists and other sources, the government finally agreed to roll out a national ARV program. Although the TAC’s main objective has been to lobby and pressure the South African government to provide AIDS treatment, it has, over the years, begun to address a much wider range of health-related issues. These issues have included tackling global pharmaceutical pricing structures through campaigns in the media, the courts, and the streets; challenging the government’s lethargic response to the AIDS epidemic; litigating against AIDS dissidents and their government supporters; lobbying for better conditions for health workers; conducting treatment literacy programs in schools, hospitals, and workplaces and through door-to-door campaigns in the townships; and collaborating with MSF to introduce innovations in public health service delivery at MSF’s pilot ARV treatment program in Khayelitsha (Cape Town). The TAC also launched campaigns to support doctors, hospital superintendents, and researchers from the Medical Research Council (MRC) who, by virtue of their reported findings or provision of ARV treatment, found themselves on the wrong side of the government and subject to high-level political interference and intimidation. When several feminist and lesbian activists were raped and murdered, the TAC became more involved in issues related to everyday violence, for instance, initiating campaigns to combat violence and discrimination against women, HIV-positive people, lesbians and gays, and, more recently, foreigners. This progressive widening of TAC’s earlier focus on fighting for AIDS treatment is not altogether surprising given that the organization’s support base is located in working-class communities characterized by unemployment, chronic poverty, illness, crime, and everyday violence. These conditions of structural violence were themselves triggers for the explosive antiforeigner violence of May 2008.



Figure 7. Tent for refugees from Zimbabwe. Blue Waters B Refugee Camp.

**Humanitarian activism beyond biopolitical minimalism?**

In June 2008, during a visit to Youngsfield Military Camp in Cape Town’s middle-class suburb of Wynberg, where 500 refugees were living in tents, I met a volunteer involved in running the camp who told me that TAC health assessors had arrived to collect data about conditions there. She complained that they only seemed interested in quantitative, epidemiological data, whereas she felt that it was important to have qualitative data, such as life histories and observations of daily life, to get an understanding of people’s experiences of conditions in the camp. Similar debates took place among those TAC volunteers who were involved in doing the assessments in the various camps (Oliver Human and James Williams, personal communication, July 2008). Whereas some TAC volunteers felt that life histories and oral narratives were crucial for understanding people’s current experiences, others felt that they did not provide useful information given the legal and medical uses that the data had to serve. In addition, some volunteers insisted that eliciting life histories could trigger traumatic memories that volunteers were ill equipped to manage.<sup>10</sup> Ultimately, the data collection process ended up being highly quantitative and directly concerned with establishing the “raw facts.”

The data were used extensively in a High Court suit against the local and provincial governments brought by the TAC on behalf of the refugees, asylum seekers, and displaced people. In his affidavit, Zackie Achmat, the deputy secretary-general of the TAC, claimed that the data collected by TAC volunteers had scientific credibility and, hence, legal value. Section 44 of Achmat’s affidavit notes that “15 volunteers were trained by a senior analytical epidemiologist and a public health systems expert to collect data in a structured manner, using a specifically designed data assessment form” (p. 9). These data were then used to compare conditions in the camps with international norms and standards gleaned from the Sphere Project’s Humanitarian Charter and Handbook. Section 57 of Achmat’s affidavit,



Figure 8. Tent for prayers. Blue Waters C Refugee Camp.

based on a joint TAC–ALP report, draws attention to such “basic needs” data in its recommendation that government

improve the quality of shelter and tented sites . . . supply an adequate amount of food to children . . . complete a nutritional review of the food supplied to the site to ensure that caloric and nutritional intake matches at least minimal standards of care [and] ensure that dietary needs due to religion or culture are being respected . . . provide people with raw food and cooking equipment so they can prepare their own food . . . provide additional toilets and showers to ensure separate facilities for men and women . . . increase lighting at all sites to create well-lit paths to toilets at night . . . supply nappies and sanitary towels . . . increase the number of blankets . . . ensure that there is transport [to] and from health clinics [and schools] . . . improve regularity of health professionals on site . . . issue weekly newsletters to inform displaced people of the events pertinent to their situation. [Pp. 14–15]

Apart from the calls for transport to schools and access to weekly newspapers, nearly all the recommendations concerned the “basic needs” of refugees, needs that were backed up with statistical evidence from assessments done in the camps. At first glance, this list of basic needs seemed to conform to the logic of biopolitical minimalism. Yet, like MSF’s appeal to “the morality of facts,” the TAC’s approach can be seen as “a worldly conception of science in action” (Redfield 2006:12). As Redfield notes, this approach aims at the production of “statistical proof” or “motivated truth” that can legitimately be deployed “to extrapolate evidence in a setting where the norms of public health surveillance are lacking” (2006:12). It also challenges more conventional critiques of “evidence-based policy” that imply that such methods inevitably result in the depoliticization and professionalization of NGOs and civic organizations (Laforest and Orsini 2005).

The TAC's dispassionate and objectivist presentation of “the facts on the ground” to demonstrate how conditions in the camps fell short of internationally accepted norms and standards was accompanied by parliamentary submissions, pickets and sit-ins, marches, relief efforts, public education, and a range of media interventions. These modes of social mobilization provided a passionate and engaged dimension to the struggles for refugee rights and recognition. The TAC and ALP were also largely responsible for creating the conditions for the emergence of an extremely articulate and vocal refugee leadership, including the first petitioner in the High Court legal action, Mahammud Hirsi. Hirsi, a member of a politically important family in Somalia, soon became the public face of this emerging refugee leadership. So, far from buying into a technicist humanitarian “antipolitics,” it seemed as if TAC activists, using modes of mobilization similar to their AIDS activist strategies, deployed a complex mix of legal, medical, epidemiological, and rights-based discourses within a shifting political field of limits and possibilities.

### **The end of the camps: Where to now?**

The government was determined to close the refugee camps and “reintegrate,” repatriate, or deport refugees, and by November 2008, except for Blue Waters near Cape Town, which housed a small number of families, the camps in the Western Cape had been closed. According to government officials, all refugees had either been “reintegrated” or repatriated. Despite the extremely harsh conditions of the camps, these spaces had provided refugees with relatively easy access to government, NGOs, churches, mosques, researchers, and the media and with a relatively safe living environment. Many of those who returned to the townships lost access to state and civil society networks and resources and found themselves isolated and vulnerable in hostile communities. In other words, “reintegration” significantly reduced the political visibility and voice of the refugees.

For TAC activists, having the refugees in relatively accessible camps and safety centers ensured that they could be contacted and kept informed about developments in relation to the court case and mobilization and advocacy initiatives. It was also relatively easy to provide transport from the camps to the ALP meetings in Cape Town's city center. For many camp managers and government officials, however, the access of TAC activists to refugees was negative and undermined the authority of camp management. Some of these managers and officials also imagined that the TAC was a large and powerful organization, although only a handful of full-time staff ran the Cape Town TAC and ALP offices (Oliver Human and James Williams, personal communication, July 2008). In other words, the TAC's media visibility and its access to legal resources had created a sense of a vast organization with extensive capacity, power, and reach.

Yet, in August 2008, after having spent R3 million of Oxfam's funding on refugee advocacy and humanitarian aid, the TAC decided to cease its humanitarian work, reverting to forms of advocacy and social mobilization reminiscent of its highly successful AIDS activism.

Although their involvement in refugee issues seemed to divert the organizations from the “core business” of AIDS activism, the TAC and ALP were able to convince Oxfam and other funders that they were, indeed, the appropriate organizations to drive advocacy programs focusing on the health needs and rights of refugees. It was not the first time the TAC had identified with issues that were not directly related to HIV. It had given support to a range of campaigns, including the Basic Income Grant (BIG) and a variety of initiatives aimed at addressing questions of violence against women, gay and lesbian discrimination, and support for the prodemocracy movement in Zimbabwe. Yet all these issues engaged with a politics of life and could be linked to questions of health and human rights.

As with its involvement in AIDS activism, the TAC's engagement with technicist health and social assessments gave it a degree of legitimacy as a humanitarian organization. Yet some questioned its involvement in refugee matters. SC, a provincial government mediator in the camps, expressed frustration with what he claimed was the TAC's unnecessarily “political” and confrontational approach. He claimed that the TAC had fundamentally undermined the relationships between the camp management and refugees by creating unrealistic expectations among the refugees that they would be assisted by the UNHCR to relocate to a third country. SC also argued that the TAC should have confined its work to addressing HIV issues in the camps rather than politicizing management matters. This view, from a camp manager's perspective, challenged the TAC's role in mobilizing refugees. Yet this style of rights-based advocacy and political mobilization was precisely what had made the TAC such a successful social movement for people living with AIDS. What this foray into refugee rights highlighted was that the TAC's brand of AIDS activism—with its emphasis on the politics of human rights, health, and the law—was, indeed, capable of migrating beyond HIV issues. It was also a politics that went well beyond matters of sheer survival.

### **Conclusion**

In their responses to the humanitarian crisis of May 2008, the TAC and its partner organizations seemed to have developed a set of mobilization and advocacy practices that could be effectively translated from AIDS to refugee issues. Reflecting on this migration from ARVs to refugees, I conclude that the common denominator in both of these issues is a concern with a politics of life defined by struggles for rights to health care, shelter, clean water, food, and so on.

This politics of life did not seem to conform to humanitarianism as an antipolitics or minimalist biopolitics. Instead, the TAC facilitated the emergence of a highly articulate, assertive, and politicized refugee leadership. This politics of life was, indeed, able to articulate connections between the needs and interests of people with AIDS and refugees.

The insightful work of Redfield (2007) and Ticktin (2006) implies that organizations such as MSF and TAC consciously seek to extend their interventions beyond basic survival, but their actual practice—for instance, pushing for humanitarian exceptions in French immigration law, fighting to lower the prices of life-enhancing drugs, and assisting people living with AIDS to access disability grants—can end up foregrounding basic survival at the expense of more general political and economic fulfillment. It would seem that TAC and SJC are acutely aware of these dangers. The TAC has been criticized in the past for focusing too narrowly on AIDS treatment. Its response has been to move well beyond narrowly biomedical concerns to include the wide range of poverty-related issues mentioned above. Paul Farmer's (2003) analysis of the relationship between HIV and structural violence would be very familiar to the TAC leadership, and this understanding is evident in TAC campaigns combating everyday violence against women, children, gay and lesbian people, and so on. Similarly, TAC's close association with some of the campaigns of COSATU, the South African Communist Party (SACP), and the ANC is an expression of its commitment to addressing issues of structural inequality, unemployment, and poverty, which are all key concerns for TAC's core constituency.

TAC's strength has resided precisely in its ability to forge such connections, solidarities, and coalitions across divergent social actors, organizations, and issues. Rather than being locked into the narrow logics of biomedicine or litigation, TAC and its allies have broadened their horizons to include a wide range of interlocking and overlapping strategies, issues, and actors. This flexibility and propensity toward coalition politics and hybrid mobilization strategies have come to be trademarks of the TAC and are reflected in the organization's ability to recruit members and volunteers from across race, class, gender, ethnicity, language, nationality, occupational, and educational divides. This heterogeneity and fluidity animates the movement and suggests political possibilities for social movements concerned with other issues. Notwithstanding this organizational fluidity, TAC has consistently pushed forward a working-class and pro-poor agenda, as reflected in its involvement in SJC's "safety and security" campaigns in working-class townships in Cape Town and beyond.

The fluidity and improvisational character of the organization can, of course, also become a drawback. For instance, TAC quickly discovered that it had responded to the "refugee crisis" without having the necessary organizational capacity and resources to sustain this process. Notwith-

standing these kinds of organizational and logistical weaknesses, TAC assumed a larger-than-life profile for many government officials and refugee camp managers, who would probably have been shocked had they walked into the TAC and ALP offices and realized that these organizations were run by a handful of full-time staff. By getting involved in technical health assessments, litigation, and advocacy for the rights of refugees, TAC contributed toward creating the strategic fiction that it was a vast, well-resourced, highly structured bureaucratic machine. At the same time, this involvement in humanitarian discourses did not produce the antipolitics or minimalist biopolitics identified by some critics of humanitarianism (see Pandolfi 2008). It would seem that this "politics of life" was forged by splicing the political and legal activist strategies of the antiapartheid struggle onto TAC's particular brand of AIDS activism. This style of activism has always been concerned with questions of citizenship, human dignity, and a politics that goes beyond sheer survival. Although it is still too early to tell what the outcomes TAC's interventions in refugee rights will be, the organization, together with numerous other civil society actors, helped to establish and render visible a refugee leadership that would not otherwise have emerged. By focusing on everyday conditions of violence, crime, and poverty in the townships, TAC and its NGO and social movement allies also signaled the emergence of a form of social activism that placed problems of structural violence at the center.

## Notes

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1. In the South African context, the term *township* refers to primarily working-class residential areas that, under apartheid, were designated for black, Indian, and Coloured South Africans. The townships remain a persisting legacy of apartheid policies of racial segregation under the Group Areas Act.

2. MSF had partnered with the TAC in the struggle for AIDS treatment in South Africa (Fassin 2007b; Natrass 2007; Robins 2004). MSF's main contribution during this period was to provide medical expertise at two AIDS treatment sites, in Khayelitsha, Cape Town, and in Lusikisiki, Eastern Cape Province. MSF's role during the humanitarian crisis of 2008 was once again largely confined to providing medical expertise and health resources. So, whereas the TAC and ALP focused on litigation, mobilization, and the politicization of the refugee leadership, MSF provided medical and technical support in the refugee camps.

3. I would like to thank an anonymous reviewer for this journal for this and other extremely helpful insights into the politics of humanitarianism.

4. By May 2009, small numbers of refugees were still living at the Blue Waters safety camp near Cape Town under extremely

harsh conditions. The state refused to provide any services to these people and insisted on their reintegration into their former communities in Cape Town.

5. Soon after the violence erupted in May 2008, former president Mbeki claimed that the violent acts were perpetrated by ordinary criminals.

6. *Third Force* is a term that was used to refer to shadowy, paramilitary forces and death squads deployed against activists by the apartheid state. These security forces were also believed to be involved in instigating black-on-black violence in the townships.

7. At least ten foreign migrants were killed in November 2008 in the Cape Town area alone. Even though the refugee camps were meant to have closed by the end of October 2008, by mid-May 2009, as noted, a small number of families were still living at Blue Waters camp. These refugees stated that they were too afraid to return to the communities from which they had been expelled in May 2008.

8. Liisa Malkki (1995) has noted that when refugees first arrive in camps, they are often so traumatized and vulnerable that their apparent condition of helplessness leads camp management to view them empathically as innocent victims and deserving of assistance. However, once these refugees find their feet and become articulate and assertive by making demands on the camp management, the state, NGOs, and UN agencies, their status as pure victims can dramatically shift. They can suddenly come to be seen as opportunistic, conniving, untrustworthy, ungrateful, and undeserving. This status shift can also lead to labeling processes that criminalize and pathologize the refugee population. It seemed that this kind of dynamic had emerged in South Africa's newly established refugee camps in the latter half of 2008.

9. The social and health assessment data collected by the various TAC volunteers never really dominated or overwhelmed the more political modes of strategizing that took place during and after the weekly TAC meetings (James Williams, personal communication, August 2008). These data were always understood by the TAC leadership as a means toward a political end. In other words, the rationale for doing the assessments went beyond standard legal and biomedical logics.

10. Clinical psychologists who were asked to provide counseling to refugees in the camps made similar observations. They felt that, given the traumatic conditions of refugees' lives—both in terms of past and more recent experiences of violence and displacement—it would be inappropriate and irresponsible to “open up” painful memories and wounds without being able to provide long-term counseling and support (Jane Van der Riet, personal communication, August 2008).

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